

**BY ORDER OF THE COMMANDER
341ST MISSILE WING**



AIR FORCE INSTRUCTION 40-301

341ST MISSILE WING

Supplement

27 FEBRUARY 2013

Medical Command

FAMILY ADVOCACY

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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RELEASABILITY: There are no releasability restrictions for this publication.

OPR: 341 MDOS/SGOW

Certified by: 341 MDOS/CC
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Supersedes 341SWI40-301, 1 May 2006

Pages: 4

This publication supplements AFI 40-301, *Family Advocacy*, 30 November 2009, and defines specific details of the 341 MW Family Advocacy Program. This supplement provides direction and guidelines for responsibilities, operations and effectiveness of the Family Advocacy Program (FAP). This supplement applies to all military and civilian personnel and their dependents entitled to receive medical care in a military treatment facility as specified in AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health System*. It does not apply to the US Air Force Reserve or Air National Guard who are not permanent party to Malmstrom AFB. This publication requires the collection and maintenance of information protected by the Privacy Act of 1974 authorized by 10 USC 8013 and the Health Insurance Portability and Accountability Act (HIPAA). Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with applicable Air Force instructions, and disposed of as indicated in the Records Disposition Schedule available on <https://www.my.af.mil/afrims/afrims/afrims/rims.cfm> Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using AF Form 847, **Recommendation for Change of Publication**; route AF Form 847 through the wing publishing office.

SUMMARY OF CHANGES

This publication supersedes 341SW140-301, *Family Advocacy Program*, 1 May 2006. This publication adds and clearly defines additional roles and responsibilities for 341st MW personnel.

1.5. The Military Treatment Facility (MTF/CC).

1.5.2.7. Ensures Family Advocacy educates medical group staff annually on the criteria for identifying, reporting, and managing victims of suspected abuse, neglect and/or exploitation. Other medical personnel (i.e., pediatrics) may be tasked to supplement this training in areas which are outside Family Advocacy's area of expertise and/or scope of care.

1.5.3.8 The Family Advocacy Officer (FAO) immediately informs 341 MW/CC and 341 MDG/CC, 341 SFS/CC, and Office of Special Investigations (OSI) when any death occurs. The FAO will coordinate in a written e-mail or if hard copy, scan/pdf and send via email to Air Force FAP and the MAJCOM within 24 hours of death notification if maltreatment is suspected.

1.6. Family Advocacy Officer (FAO).

1.6.1.9. Memorandum of Understanding (MOU) with Montana Department of Health and Human Services (DPHHS) specifies the roles and procedures in cases of child maltreatment.

1.6.1.11. If FAP staff conduct home visits, a log book with client's name and address will be annotated. FAP staff will ensure that they have a way to contact emergency services if needed (i.e., cellular phone). FAP staff will contact FAP clinic when visit is complete.

1.6.1.13. (Added) The FAO ensures that community resources addressing domestic violence and safety are advertised through FAP and the Community Action Information Board (CAIB) or the Integrated Delivery System (IDS).

1.6.2.14. (Added) Ensures on-call mental health provider notifies FAP/FAO of potential maltreatment allegations. Mental Health Providers will not violate any privilege that exists between the patient and the Mental Health Provider.

1.7. Unit (Squadron) CCs and CCFs.

1.7.4. Unit commanders and first sergeants complete Central Registry Board (CRB) web-based training before they participate in the wing's CRB process. They participate only when discussion involves active duty military assigned to their unit or one or more of the active duty member's dependents. The FAO or Family Advocacy Treatment Manager (FATM) consults with the commander or first sergeant before recommending intervention activities in the clinical case staffing meeting.

1.7.5. (Added) The unit commander or first sergeant will consider a 72-hour no-contact order and notify the FAP of any violation of those orders. The FAO or FATM will follow-up by providing the victim with a written safety plan.

1.10. Installation SFS/CC.

1.10.4. Ensures that MH on-call provider receives all after-hour FAP maltreatment notifications.

3.4. New Parent Support Program (NPSP).

3.4.3.1. NPSP referrals are received through phone consults/in person from local civilian hospital, City County Health Department, Women Infant Children, Pediatrics, Mental Health, 341 MDG medical providers, first sergeants, commanders or self referrals.

4.3. Child Sexual Maltreatment Response Team (CSMRT) members.

4.3.1.1. The FAO (or designee) notifies Child Sexual Maltreatment Response Team members by phone with time and location of CSMRT. New members attending CSMRT for the first time will be trained prior the meeting. The CSMRT can fulfill requirements by teleconference. At the time of activating the CSMRT, the FAO will notify the Family Advocacy Committee (FAC) chair of the meeting.

4.4. High Risk for Violence Response Team (HRVRT) members.

4.4.4. (Added) The HRVRT, manages potentially dangerous situations involving FAP clients. The goal of the HRVRT is to use a coordinated community response to decrease the risk of violence. Potentially dangerous situations include threats to seriously harm family members and/or FAP staff.

4.4.5. (Added) Upon notification of reasonable suspicion of potential threat of harm by an individual, the FAO notifies HRVRT members and activates the team.

4.4.6. (Added) At the time of activation, the FAO will notify the FAC chair of the meeting.

4.4.7. (Added) The HRVRT assesses the level of danger, then develops and implements course(s) of action to manage the risk of violence.

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Commander

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

Family Advocacy Program Standards; October 2009

Air Force FAPNet.org

Prescribed Forms

None

Adopted Forms

AF Form 847, **Recommendation for Change of Publication**

Abbreviations and Acronyms

| | |
|--------------|--|
| CC | Commander |
| CCF | First Sergeant |
| DPHHS | Department of Public Health and Human Services |
| WIC | Women, Infants, and Children Program |